

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960 149

-60-030582

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4184

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 45 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HOSPT			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1012 MONROE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle GEORGE Last HAZELL				4. DATE OF DEATH Month 8 Day 12 Year 60				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/21/1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY K.C. Ice Co. and PILKERTON Agency		11. BIRTHPLACE (City and state or country) SABETHA KANS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENSON JAMES HAZELL			13b. MOTHER'S MAIDEN NAME MARY ELLEN MC CARTY		14. NAME OF HUSBAND OR WIFE STELLA M. PATTY HAZELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 486-07-4547		17. INFORMANT JAMES HAZELL, 1012 MONROE, K.C. MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 2 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilateral nephrosclerosis - Hypertension							2 wks	
DUE TO (c) Acute cholelithiasis & perforation							2 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pentameth + Hypertension					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 27 July 60 to 12 Aug 60 and last saw her/him alive on 12 Aug 60 Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dr. Van Burskild M.D.				22b. ADDRESS 1418 Professional Bldg		22c. DATE SIGNED 8/15/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/15/60	23c. NAME OF CEMETERY OR CREMATORY MT MORIAH		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO			
24. FUNERAL DIRECTOR SHEIL FUNERAL HOME, K.C., MO			25. DATE RECD. BY LOCAL REG. 8-15-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer			

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
C. VAN BURSCHILD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4820

P. O. Address H. C. S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.